## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037706 (4)

**FASTPACK CORPORATION** 

İ									
Principal Place of Business Mailing Address						- I HODISBON HAD AGIND BATHA BETHA BETHA BONDO NIKIN ADDIA 18514 BONDO GINA ADDIA			
13289 SW 124 ST. 13289 SW 124 ST. MIAMI FL 33186						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	,		
						05/01/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 Culto A	#	26	·····			65-0664141		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees			
Zip 24	Country 25	Country Zip C 29 30		alry  8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. ☐ Yes ☑ N		ntangible No			
	9. Name and Address of Curre	·	1301		<del></del>	10. Name and Address of New Registered			
N	IAVARRETTE, MAURICIO A			81	Name				
, 12863 SW 150TH TERR MIAMI FL 33186			-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•		
N.	11/4/MI FL 33100			83					
				84	City	<b>=</b>	85 Zip	Code	
11. Pursuar	nt to the provisions of Sections 607.05	02 and 607 1508, Florida State	utes, the ab	ove-	-named corp	oration submits this statement for the purpose	of changing	its registered	
office o	r regi <b>ste</b> red agent, or both, in the Stat I <b>am fam</b> iliar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	l by 1 ites.	the corporation	ion's board of directors. I hereby accept the ap	pointment a	s registered	
SIGNATURE	<b>.</b>	-							
	Signature, typed or printed name of registeren a	· · · · · · · · · · · · · · · · · · ·		Agen	t signature require	ed when reinstating) DATE	D D/050T0		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	Addition	
NAME	NAVARRETE, JOSE O	Пиш	1.2 NAME				C Criange	Mudition	
STREET ADDRESS	I Anna Anna and and		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		14 CITY-ST-ZIP						
TITLE	ĎT	DELETE		21 TITLE			☐ Change	Addition	
NAME	NAVARRETE, MAURICIO A		2.2 NAME						
STREET ADDRESS	s 13289 SW 124 ST.		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-21P	MIAM! FL 33186		2. 4 CHTY-ST-ZIP		(- ZIP				
TITLE	DV	DELETE	3.1 TITLE				☐ Change	Addition	
NAME	ARLEGUI, JOSE I		3.2 NA	3.2 NAME					
STREET ADDRESS 13289 SW 124 ST.			3.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186	DELETE	3.4. C(1		- ZIP	1			
TITLE	1	DELET <b>e</b>	4.1 1111				Change	Addition	
NAME	.		4. 2 NA						
STREET ADDRESS	S				ADDRESS				
CITY-ST-ZIP				Y - \$1-	- ZIP		Chon	f dalkin-	
TITLE		[] DECEIL	5.1 111				Change	AddItion	
NAME CTOCCT ADDOLOG	, [		5.2 NAM		INDINEGO				
STREET ADDRESS	· [				ADDRESS			1	
CITY-ST-ZIP TITLE			5.4 CIT		- ZIP		Change	Addition	
	1	L) VILEIE	6.1 1170				change	ADDINON	
NAME	.		6.2 NAM		MODRESS				
STREET ADDRESS									

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tracked ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagritudent with an address.